



THE  
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Original Articles.

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VARICOCELE.

By JOSEPH RODES, M. D., SAN DIEGO, CAL.

*[Read before the Homœopathic Medical Society of the County of San Diego, Cal.]*

MR. PRESIDENT AND GENTLEMEN—I present the subject, “Varicocele,” and allow me to say, more correctly “Circoccele,” as the former means varicosis of the scrotum (inter-scrotal), a disease which is quite rare, as you know, while the latter defines a similar condition, but of the spermatic plexus of veins (intra-scrotal), because: First, it is quite common; again, these cases are either sent to the surgeon-specialist; who treats them by extreme measures at once, and often does more than is necessary; or they are totally neglected by the general practitioner, under whose treatment great good could result.

As you well know, the cause of circoccele is universally some mechanical interference to the return of the blood, and, undoubtedly, foremost is the force of gravity, because we find the frequency of the disease in direct ratio with the habits or occupations of our patients.

Then, to account for it almost universally affecting the left spermatic plexus, as you know it does, we have normally a greater length of the intra-scrotal portion of the veins on this



side, and this has considerable weight in my mind as a causative agent. In addition to this, although I think of less importance in the etiology, the left spermatic vein empties into the renal, and at right-angles to its axis. Again, the weight of the sigmoid flexure of the colon, almost constantly loaded with feces, which lies upon it. Poor supply of valves, etc., etc. It seems hardly worth while to go more deeply into the causes, as you, no doubt, are familiar with them. I might say that heredity seems to hold some influence, but statistics are very slim.

The earlier symptoms are: Vague dragging or heaviness on the affected side. Pain is often very slight, though sometimes very annoying, is referred to the scrotum, spermatic cord, or seems to run down the course of the anterior crural or obdurator nerves. Objectively, the testicle on that side hangs lower than normal, the scrotum looks fuller, and one can often see the outlines of greatly distended veins. To the touch they nearest resemble "earth-worms."

Now remains the more interesting and important part of our subject—the diagnosis and treatment. There are comparatively few scrotal diseases with which one could confound circocoele. My personal method of looking over such a suspected case is as follows: Most likely the patient begins disclosing the usual subjective symptoms. I manipulate the scrotum, and the very "earth-worm" feel, if I find nothing else, causes me and would cause any of you to make a snap diagnosis. In two instances, I felt quite certain, I had cases of circocoele complicated with hernia. In these cases I first tilted the patient back into a recumbent posture, and reduced the hernia, but with it also disappeared the "earth-worms." By placing my finger against the internal abdominal ring, then asking the patient to stand, my finger prevented the hernia from recurring, but did not the varicose vessels, which immediately filled again, due to the force of gravity, thereby clearly defining the two distinct troubles.

Just before entering into the subject of treatment, let us recall the fact that atrophy of the testicle is a common sequence of long existing circocoele.

Now, if something has to be done, what treatment is to the best interest of both patient and doctor? At the outset,



let me say, and emphatically too, that I do not operate every case that comes into the office, for it is unnecessary. Many of the cases get well, as far as the patient is concerned, even though the vessels do not contract to their normal size, by the constant wearing of a snugly-fitting, one-sided or complete suspensary bandage, assisted by a change of occupation and in the habits of the patient, etc., systematic cold douching of the scrotum, to cause contraction of the dartos, which it does. This is an important adjuvant, as all these cases have a relaxed and debilitated condition of this sac, and I firmly believe more often a cause than effect. Electricity in the form of Faradism is used by quacks universally, and recommended by some authors, but I think without them having tried it. I have given it repeated trials without success, unless imaginary to the patient. First of all, the very action it is claimed to have, *id est*, to cause contraction of the dartos, it positively has not, as doubtless all of you know.

When operative interference is demanded there are two general procedures, namely, subcutaneous ligation, (the latest and best example of which is the operation advocated by Keyes), where we use the sense of touch to distinguish the anatomical relations; or, free incision into the scrotum, using our senses of sight and touch in isolating and ligating the veins. Looking superficially, it would seem that the latter operation was the preferable one, in this age of fearless and successful cutting into any part, but not so; it makes matters much more serious, and he who fears his sense of touch will fail him in distinguishing that which should from that which should not be tied, must not operate.

We should remember before we speak of individual methods of operating that the ligation of a few veins, in a favorable situation, easy of access, may seem like a very simple thing theoretically, but when one looks up and sees his own stern conscience watching his movements, and possibly imagines he sees remorse in the distance, it makes it harder. Including the excretory duct and spermatic artery in the ligatured mass, is equivalent to castration, and there is danger of death due to phlebitis in any case, no matter what manner of operating, and it has occurred more than once.

It was the elder Delpech, who had obtained an enviable



position among the first surgeons of the world who operated upon both sides, and unfortunately included in the ligature the spermatic artery and excretory duct; atrophy of the testicle occurred; the mind of the patient brooded over the terrible mishap, and his brain crazed with sorrow and mortification, thirsted for revenge. He waylaid Delpech, and rushing upon him as he left his carriage stabbed him to the heart.

For the benefit of those who have operated lately, and fear a similar prescription to that given our unfortunate predecessor, I shall give a few facts I have discovered by experimenting on a dog, which may make the least guilty feel more comfortable. I ligated by the open method the spermatic veins only on the right side, and at another tempo those on the left, including the spermatic artery. I observed after the inflammatory symptoms had subsided, both testicles had atrophied a little, the left a little more than the right. Within a few months, both seemed to gain what they had lost, and were about their normal size. One year afterwards I removed the scrotum and both testicles, ligating the chord mass as high up as possible before severing. On both sides the normally fine veins belonging properly to the vas deferens, had become decidedly dilated and tortuous; on the left side a collateral circulation had been established between the artery of the vas deferens, a little artery which is quite constant as you know, and the lower branches of the spermatic artery I had ligated. Had this unfortunate dog been blessed with a supernumerary testicle, I should have tied the vas deferens, but such was not the case, and the opportunity, or better, the material has not offered itself for my further experiment since. I learned by this experiment that it is unnecessary, as has been done in the past, to leave one vein when ligating, to keep up the circulation; and that even though the spermatic artery be ligated, there remains one or two sources of collateral circulation, and I surmise, in case the vas deferens was also included, nothing short of complete atrophy of the organ could result.

In viewing the methods of operating, we, for want of time, shall overlook the many old ways, most of them being ineffectual or dangerous.



My method for operating subcutaneously, is as follows: The pubes and scrotum are closely shaven, thoroughly scrubbed with tincture of *sapo-viridis*, or the soap itself, then washed off with spirits of turpentine, ether, and lastly with alcohol; the whole covered with a cloth rung out of corrosive sublimate 1:1000. Of course, it is understood, all instruments, hands, etc., are made clean, and, as an extra precaution, antiseptisized. I manipulate the scrotum, finding the vas deferens, then the spermatic artery. If the latter be not too close to the former, compress it while the patient is lying; leaving the veins thoroughly empty themselves; by standing the patient up, I prove that it is the main artery of supply, by noticing the veins do not fill quickly as before. Now, when I am morally certain I have separated the vas deferens and spermatic artery, I compress the anterior and posterior walls of the scrotum, between the mass of veins on the outside, and the duct and artery on the inside. The next step in the operation has differed with me, at different times. At first I used those straight Keyes' varicocele needles; they were sold in pairs, so I thought I must use two; one was as much as I wanted to manage, and two were a little more than I could. The faults I find with these needles are, first you only *need* one, they are longer than necessary, difficult to push through the scrotum, as the open eye, which may be quite desirable in other respects, catches very firmly in the scrotal tissue, and makes it almost impossible to push through. Later on, Keyes himself discarded these, and used the "Reverdian Needle," which is constructed so that the eye can be closed. Not satisfied, he modified it, so that in the latest of all, when loaded with the ligature, closes with a spring automatically, the needle, further, is straight, and can be readily taken apart for cleaning. With this needle, I saw my colleague, Dr. Wm. B. Van Lennep, operate several times; once the slide bar that closes the eye, gave way while the needle was being pushed around the veins, giving a great deal of trouble to the operator and risk to the patient. But, luckily, in this case, the trouble was detected, and no harm done. I am disgusted with the *special* needles, and have gone back to first principles. I use a slightly curved, rather dull pointed, post-mortem or burlaps needle, and do not



think anything else compares with it. I cannot see why we should have the eye near the point, on the other hand it is undesirable, making it more difficult to carry around the veins, and, even the open eye can be dispensed with.

I make an incision about half an inch long, directly through both layers of the scrotum, this is humbly suggested, but worthy of note, as it is very desirable to have a larger opening than the needle makes, as one can work better, the knot sinks in deeper, and this is the only safe opening to close up by sutures afterwards. I now pass this plain needle, loaded with quite coarse, very strong Chinese twisted silk, or chromicised gut, preferably the silk. The only reason we had in using the gut was, it was capable of being absorbed. This, nature often fails in doing. In one instance I was even fortunate enough to obtain the loop and knot perfect, being discharged from the wound four weeks afterwards. Again the silk is more often encysted than the gut—the next best thing to absorption. In either case the ligature must be aseptic. To repeat, I pass this needle loaded with the ligature, from behind, forward and thence around the veins, hanging close to the scrotum. After again making sure the artery and duct are still free, I either tie behind or bring the needle through the first opening and tie in front. By this method I have a double thickness of ligature, which I tie separately. First, it ligates the veins at two separate points, and I have two chances against breakage. My experience teaches, and I guess I am not overly strong, one will break a ligature in operating for circocele that would not be broken under any other circumstance.

When using gut, and sometimes even with silk, when I am certain of my antiseptics, I close both anterior and posterior openings by fine sutures, and as they are clean cut, not punctured, they readily heal by first intention. Then the ordinary iodoform, or bi-chloride gauze dressing, held in place by a suspensory, or "T" bandage.

Either a general anæsthetic or cocaine, about four per cent. is used. When using the latter, experience teaches, we must not postpone our operation too long after its introduction, as œdema occurs rapidly, and our "land-marks" are soon lost.



After operating, I advise rest in bed for a few days, but some cases go out of the office and do not take to their beds at all. In a few cases we have slight suppuration around the loop for one or two weeks afterwards, the time depending upon whether gut or silk was used.

Occasionally, our patient comes back in a few months with a recurrence of his trouble. I think I know the cause of my failures, and perhaps some of you have discovered other causes, and will express yourselves on the subject. My want of success, and I think it is the most potent of all factors in cases of failure, was due to leaving one or more veins of the plexus outside of the ligature. You well know there is such a complete anastomosis that one little vein will supply nature with all the line of communication between the plexus and main spermatic vein that she can desire. My motto is, repeat the sub-cutaneous ligation "seventy times seven" before resorting to the more serious open method, to which I shall not refer to-night.

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### MATERIA MEDICA NOTES

BY P. K. GUILD, M. D., SANTA BARBARA, CAL.

That physiological provings of drugs, is, and must continue to be, the main source of knowledge of their nature and value for use in curing the sick, no doubt all will concede. And I, for one, have noted with great satisfaction and hopefulness the move which seems to be in the right direction, by such men as Conrad Wesselhoeft, Sutherland, Allen and others, with the purpose of eliminating from our Materia Medica a portion of its huge bulk, by separating the true and reliable from the false and imaginary, in the records as we now have them.

And if this work is now carried out, thoroughly, along the lines proposed, is it not likely also that a goodly number of alleged remedies will be found of too little value to be retained in the list at all? But whether such change results or not, it is to be hoped that the number of remedies that will have recorded under or against it of any particular



symptoms will be so reduced that one will not need to look through a list of over four hundred different drugs to find what is best adapted to the case in hand, as is now the case as regards some symptoms. In other words, let us hope that the recorded symptoms will be so sifted and reduced in number that none will be left that are not *characteristic* in the true sense, and so reliable for purposes of prescribing. Now in such a process of scanning and eliminating are we in danger of losing valuable symptoms from our present record? Until very lately I have not felt any apprehension upon this point, but the critical analysis and summary of *Cimicifuga Racemosa* by Drs. Porter and Pearsall, published in the August number of the *N. A. Journal of Homœopathy*, has given me some food for thought, and presented this question in a somewhat different light from what I have been inclined to look at it. The point is this, *Cimicifuga* is a remedy that I have used for a long time; nearly, if not quite thirty years, and I have used it quite often and for a variety of conditions, the chief of which have been ailments to females, and I find so little in this analysis—that is to say, the most *conspicuous* in those particulars, where I have found it curative, that I am led to ask is there not somewhere a mistake or at least an elipsis?

It is true we have some symptoms that point to action upon the female genital organs, and more may be elicited by other provings. But I have so long seen its undoubted effect in relieving pain at the menstrual period—pains in the back, associated with prolapsus uteri, and other uterine abnormalities that I was not prepared to see it touch so lightly upon these parts. Besides, I have long relied upon it as a *Parturient* without ever having been disappointed; and this, I should expect, would appear emphasized in its indications. I will cite one case illustrating its action in labor that recently came under my observation. Mrs. H., a healthy woman in her fifth labor (her last child being about seven years old), was taken at evening with a premature rupture of the membranes, and consequent escape of the waters. Pains came on, but in a lingering manner, though sufficiently to prevent any sleep during the night. But, having an experienced nurse at hand, no physician was called till about 8 A. M.,



next morning, when, or a little later, the os was found well dilated, the pains quite regular but accomplishing very little, and never wholly leaving the patient to rest. After watching matters for an hour or more, a dose of macrotin, the first trit. of Keith's preparation. About three grains was administered. Within one half hour or so from that time, the aspect of the case was changed. Instead of a constant worry from inefficient, never-ending pains, they became forcible, and with the help of a little ether, she rested between pains, and in little over an hour from the time of taking the drug, was safely delivered of a strong, healthy child. The placenta soon followed, and no other remedy was called for.

"One Swallow does not make a Summer," we know, but this is simply a representative case in my experience, and I doubt not the same is true of others. I know of nothing that can take the place of the *cimicifuga* in such cases with equal satisfaction. It has never failed me in similar circumstances. Another thing I have used it for with considerable success, is acute sciatica. It has also cured delirium tremens, certainly, in one case where both the condition and cure were marked and unmistakable. In this case I gave the tinct. in quite large doses,  $\frac{1}{4}$  to  $\frac{1}{2}$  dr. The patient was a strong laborer, and was decidedly shaky, seeing all sorts of imaginary images, talking incessantly, and unable to sleep. Cure resulted in a short time.

This remedy has also been found curative in cough in old people—possibly in young, too, but certainly in old. Some of these indications are not to be found in the analysis and summary of Drs. Porter and Pearsall and none of them are particularly conspicuous. They say in their comments that "the five female provers present under this caption (female sexual organs) very few symptoms, and an entire lack of congruity between the symptoms reported," and so on. But, all the same, I prescribe it with as much confidence in a class of cases such as I have in part indicated, as I do any other remedy for any condition whatever. Now this suggests another question, viz: the value or worthlessness of therapeutic provings. Perhaps it would be better to say therapeutic tests, for probably no one would take the bedside for first provings. But what is the value of what may be called



cure tests? I confess that I place these tests exceedingly high. I cannot tell how it is with others, but I never feel sure of my remedy, no matter what the "proving," until I have seen it cure, or give relief. I am sure there are multiplicity of symptoms recorded in our *Materia Medica*s that I could not trust while on the other hand, there are many remedies which I use with great satisfaction that I can scarcely tell how I came to use them just as I do, for it is often the case that although the symptoms for which these remedies are prescribed may be found under their respective names or heads, still they are not in any way conspicuous, while there may be a large number of other remedies having the same symptoms but which are not always found to be successful in the conditions when we would expect them to be. To illustrate the point, let us consider *Belladonna* in urinary troubles. We are apt to think of *Canth.*, *Cann. sat.* *Apis*, *Berb.* and so on, in these troubles, but I have found *Belladonna* one of our most useful remedies in some cases, and have seen it give relief when other remedies which I thought were indicated had failed. In some forms of diuresis it is certainly exceedingly reliable and prompt in its effect; and sometimes in enuresis. One case of the last named trouble that came under my care, was promptly relieved after having had extended treatment of all sorts by very competent physicians. Now if we take Farrington's *Clinical Materia Medica* and turn to the therapeutic index, we will find thirty-two remedies under the head of Urine, and twenty-nine under the head of Urinary Organs, but *Belladonna* is not in either list. And under the head *Belladonna*, in the general index, we find seventy-four conditions named but no mention of Urine or Urinary Organs.

I do not allude to this for the purpose of criticising Farrington, and it might be said that this omission is itself a criticism upon the writer. But all these symptoms spoken of will be found in Hering, edited by Farrington, and other works\* and I allude to these facts to show that really important qualities of drugs may be left so much in the background as to be finally overlooked entirely by the most competent.

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\* Notably Hull's *Jahr*.



It is these therapeutic provings, or verifications, that give me confidence in a remedy. It was the same evidence that converted me to a belief in Homœopathy. I was bred in the old way, and should have never been convinced that there is a better had I not experimented with Homœopathic remedies. Probably the same is true of every old-school physician who has been led to embrace Homœopathy. Now, if this be so, why should not therapeutic provings, or verifications, hold a little more respectable and honored place than seems to be the case? Would it not be well, if it could be done, to gather up and bring together records of cases which have been marked and unmistakable, in a compact and systematic manner, to be used for reference? Such a compilation I believe would be second in value only, to original provings, even if such provings were as reliable as they can be made. I know it will be said that this will not do—that all these bedside provings and tests are unreliable, deceptive—that no one can tell whether the patient got well because of the remedy or in spite of it, or without regard to it. Yes, and this may be said of all cases, and is said by the “Christian Scientists,” so called, that when we give medicine, and the patient is relieved or cured, it is not the effect of the drug, but of the mental impression. But it will be difficult to make careful, practical, experienced men to believe that when they give a remedy and certain results uniformly follow, that there is not cause and effect, whether the original provings have developed the symptoms or condition cured or not. It is always possible that any and every proving has been imperfect, though in saying this I do not wish to be understood that provings properly made and guarded are to be discredited. But I do think there is a too dogmatic condemnation of bedside, or therapeutic tests, by some who assume to speak almost, if not quite, *ex cathedra*.

NOTE.—My allusion to Belladonna in urinary troubles was for the purpose of illustrating a point, but since writing the above, I have seen a statement by Dr. Hale, of Chicago, in a medical journal (“The New Remedies”) that in enuresis, atropine, in doses of one five-hundredth of a grain three times a day, cured twenty-nine of thirty-seven cases.



## RHEUMATISM AND ELECTRICITY

By MRS. H. TYLER WILCOX, M. D., LOS ANGELES, CAL.

Your earnest appeal to every Homœopath "to send even short notices" I could not resist, and wish to say I see no call for your self abnegation for short comings in the closing volume.

I have enjoyed your "Schuesslerism," while some have not, as you say, for I became a convert to this treatment and one of the first to use in St. Louis when first presented. I am pleased to see Dr. Worth refutes the slanders of "your college being adverse to women." I have one student with you and she expresses satisfaction that no distinction of sex has manifested itself to her mind. I expect to send other women there as students.

I would say something of rheumatism. I coincide with Dr. Perkins in his treatise of the origin of rheumatism, etc. I could, if time and space permitted, relate many cures by static electricity of this disease. Neuralgia is most wonderfully relieved by it too. Neither the galvanic nor faradic currents have any comparison in efficacy of cure to the static in the nerve centres of the body. Dr. Atkinson, of Chicago, in the perfection of this instrument, has been a greater blessing to mankind than the discoverer of any other remedy in the whole Materia Medica, I believe, opium not excepted.

Instance, case first: A gentleman is suffering with acute inflammatory rheumatism; three weeks upon crutches; and in a half hour is cured, and lays down his crutches, pain, swelling and inflammation subdued as by a lightning stroke. Another with arm and shoulder helpless and painful; one treatment relieves pain, and can put on coat that could not be done without help and excruciating pain; head aches from derangement of the great sympathetic nerve, from bad habits of diet, relieved as speedily. Accustomed to lay in bed two days with sick headache, said a lady to me, while in ten minutes she walks out free from all nausea and pain. I know of no remedy in materia medica that can do this in the short space of time it was done.

Some cases require longer time and many applications of the current, thus, a quick cure is the record I have had in



its use of all pain of whatever nature. To women it is an especial boon, and will remand to the *dead past* much of the harsh and useless treatment for dysmenorrhœa and kindred ailments that she has been too long the victim of.

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## PERENNIAL ASTHMA.

By E. P. MITCHELL, M. D., LOS ANGELES, CAL.

[*Read before the Los Angeles County Homœopathic Medical Society.*]

The subject of my paper this evening is Perennial Asthma. This distressing disease is often met with, particularly in this section of the country, where many subject to it have come for relief. The old and still widely-accepted theory as to the causation of the symptoms of asthma is that the bronchioles contract and hinder the passage of air. Weber, a German author, teaches that the paroxysms are due to a paresis of the vaso motor nerves governing the vessels of the bronchial mucus membrane, which paresis results in a distension of the vessels and a consequent blocking of the caliber of the bronchial tubes. Nearly all authorities agree that asthma is a neurotic disease, reflex from some disorder of the stomach, sexual organs, nose, etc.

In 1872 Voltolini reported several cases of asthma cured by the removal of nasal polypi. This observation has since been verified in many hundred cases. Bosworth, a prominent throat specialist of New York, publishes a list of eighty cases of asthma treated by him; in all of these cases there were marked nasal disorders. By local treatment of the nose he cured fifty per cent, and improved forty per cent. During my practice here I have treated five cases of asthma.

CASE 1. Lady, aged 45, had asthma twenty years, two severe paroxysms daily, her nose was filled with polypi and the turbinated bodies were hypertrophied. I removed the polyps and reduced the hypertrophies; as soon as the intranasal pressure and irritation were relieved the severity of the attacks lessened and decreased in frequency, and the general health improved. I heard from the case recently to the effect that the asthma was almost entirely cured.



CASE 2. A man, aged 35, had asthma fifteen years; he had a few nasal polypi and the turbinated bodies were greatly hypertrophied. The removal of the polyps and reduction of the hypertrophical tissue benefited him very much, but he left the city before I was through with the treatment.

CASE 3. A man 45 years of age had asthma three years. He had a few nasal polypi and a deflected septum which was pressing against the opposite turbinated body. The removal of the polyps and sawing off of the septal projection cured the case.

CASE 4. A man 50 years of age had asthma thirty years. Polypi and septal spur; removed the polyps and sawed off the spur; the case is still under treatment, but much improved.

CASE 5. Boy 9 years old. Very great hypertrophy of the turbinated tissues. I removed some of this tissue and the patient improved very much. Case still under treatment.

In each of these cases the nasal origin of the asthma was clearly proven by the fact that during treatment any irritation of the nose which would cause the parts to swell to their former proportions and cause pressure on the septum or other parts of the nose, was surely followed by a severe paroxysm of asthma. This occurred repeatedly in each case. My treatment was purely local; the patients, before coming to me, having tried nearly every medicine and measure supposed to be beneficial in such cases.

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ONE-FIFTH of all deaths are due to consumption. Errors of diet produce those conditions of the system which facilitate the development of consumption. A diet of white bread, butter, tea and pickles, prepares the system for the easy invasion of consumption as well as other diseases.

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A TRIP through the South and West, a visit to the smoke of Chicago, the dirt of St. Louis, the alleys of Philadelphia shows that, be it ever so humble, there is no place like New York—*Truth*.



## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### LISTERINE.

It is not our purpose to advertise a proprietary nostrum, but to acknowledge the merits of remedial agents, from whatever source they may come. In listerine we have at once an effective means of cleansing surgical instruments, and one that will not tend to rust; a desideratum that will be fully appreciated by the oculist as a protection to his delicate instruments. As a cleanser of foul secretions from any of the mucous surfaces of the air passages; in otorrhœa, and for purulent catarrhal discharges from the pharynx, larynx or nares, it is without a rival. As a local application in purulent ophthalmia, ophthalmia neonatorum and traumatic lesions of the eye, in proper dilution, it will be found valuable alone, or as an adjuvant to argent. nit. Unlike iodoform, it does not call public attention to a diseased condition, but rather suggests the presence of an agreeable toilet article.

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### CHRONIC PHARYNGITIS.

The question whether much of the loss of tissue in chronic atrophic pharyngeal troubles, could not by more conservative local treatment, be avoided, is one of serious importance to the conscientious practitioner. It is my belief that the public are largely at fault for these results, in their unreasonable demands for immediate relief from pathological changes that may have been months and even years in accruing. The physician's first duty to a patient suffering from chronic pharyngitis, is to impress him with the fact that the time required for the cure of his malady will bear a constant relation to the time occupied in its approach; and of the prodrome, you alone can be the judge, owing to the insidious character of its accession. The experienced aurist well knows how often chronic and sometimes incurable middle ear



troubles have been the result of a pharyngitis that has been so painless and insidious in its approach as to draw out vehement protests against his diagnosis, when he assures his patient that the primary trouble was in the throat; and when the fact is at last brought home to him, he demands that you *immediately* repair the ravages of years, by driving out with the knife or torch, the stealthy invader. Every practical laryngologist has experienced the difficulty of converting an hypertrophic pharynx into a normal one without inducing more or less atrophic waste in place of the redundant tissue, and, has this not very often resulted from too great haste under the importunity of his patient?

Our article is written for the sole purpose of emphasizing anew this maxim: It is no difficult matter to destroy in a moment that which our highest skill can never restore.

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#### A NEW YEAR'S GREETING.

Another cycle from the reel of time,  
 Drops in the ocean of the mighty past;  
 Another year is added to that host  
 Whose endless columns fade in distance vast.

Still hoping, trusting on, we live to freight  
 Each fleeting year with all our hearts hold good,  
 And though our life-work seems to drift away,  
 Upon the waves of the receding flood.

We know the harvest of our toil is sure,  
 Though other reapers garner what we've sown;  
 And ne'er from honored memory shall fade,  
 One deed that out of human love has grown.

H. C. F.

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THE men in whom the alcoholic appetite has been formed are really irresponsible beings. The infernal poison has destroyed their will-power and transformed them into slaves. The burden of the violation of law is not properly to be laid upon their shoulders because of this very irresponsibility which has been created by rum. They will drink so long as rum is to be obtained.—*Toledo Blade*.



## Colleges and Hospitals.

### COLLEGE ANNOUNCEMENT.

We desire to call attention to the excellent report of the Hahnemann Hospital College as shown in its "Annual Announcement," which has just appeared. Eighteen new students were matriculated during the past year. The graduating class numbered ten, which increases the alumni to the goodly number of fifty. The large dispensary clinics and the fact that dissecting material is so plentiful has decided many of the students to remain in town during the winter to attend the clinics or to dissect. The dissecting room is open throughout the year. This fact should be borne in mind by physicians of the Coast who desire to "brush up" their anatomy. They can do so at the College at a trifling expense. The incoming class promises to be a large one, as applications and letters of inquiry are constantly arriving.

### NEW LICENTIATES.

The following physicians have received certificates from the Board of Examiners of the California State Homœopathic Medical Society during the past six months:

DR. J. S. DAILY, Los Barras .....Hom. Med. Coll. of Chicago, June 5, 1889.  
 DR. J. S. BALLARD, San Fran.....Hahn. Med. Coll. of Phila., June 5, 1889.  
 DR. S. P. LOWE, Oroville .....Hahn. Med. Coll. of Phila., July 2, 1889.  
 DR. W. H. DICKINSON, Woodland..Hahn. Med. Coll. of Chicago, July 2, 1889.  
 DR. M. N. AVERY, Los Angeles.....University of Michigan, July 2, 1889.  
 DR. H. R. ARNDT, San Diego .West Hom. Med. Coll., Cleveland, Aug. 6, 1889.  
 DR. N. C. CLARK, San Bernardino..Hahn. Med. Coll. of Chicago, Aug. 6, 1889.  
 DR. J. B. ROBINSON, Santa Paula. .Hahn. Med. Coll. of Phila. Aug. 6, 1889.  
 DR. C. D. TUFFORD, Los Angeles.... Univ. of Vic. Coll., Canada, Aug. 6, 1889.  
 DR. JAS. RODES, San Diego.....Hahn. Med. Coll. of Phila., Sept. 3, 1889.  
 DR. I. V. STAMBACH, Santa Barbara..Hahn. Hos. Coll. of S. F., Sept. 3, 1889.  
 DR. C. V. C. SCOTT, Menlo, Park..N.Y. Med. Coll. & Hos. for Wom., Oct. 1, 1889.  
 DR. E. W. CLARK, Los Angeles ...Hahn. Med. Coll. of Chicago, Oct. 1, 1889.  
 DR. E. B. DELE METYR, Oakland...Hom. Med. Coll. Cleveland, Oct. 1, 1889.  
 DR. D. A. SIMON, San Francisco....Eclectic Med. Coll. of Pa., Nov. 4, 1889.  
 DR. R. HEIDRICK, San Francisco..Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. MERRY DEWEY, San Francisco.Iowa State Univ., Iowa City, Nov. 4, 1889.  
 DR. F. C. FREEMAN, Redwood. ....Chicago Hom. Med. Coll., Nov. 4, 1889.  
 DR. J. A. MITCHELL, Delano.....Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. W. E. ALUMBAUGH, Vacaville...Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. S. A. FENTON, Oakland.....Hahn. Hosp. Coll. of S. F., Dec. 3, 1889.

A. C. PETERSON, M. D.,  
 Secretary Board of Examiners.



## Editorial Notes.

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With this number, the CALIFORNIA HOMŒOPATH enters upon its eighth year of usefulness, and we hope to make it *the organ par excellence* of Pacific Coast Homœopathy. With that end in view, we have made a few slight changes, as will be noticed. Through the kindness of our printer, we present a very much improved appearance, and, in order that a keener interest may be felt in our journalistic work, we have invited a few prominent physicians in different parts of the Coast to become collaborators of the journal. We hope to increase this list as occasion offers until we have a representative in each of the principal cities on this Coast. This, we trust, will tend to broaden the usefulness of the HOMŒOPATH and make its power felt more generally throughout the Coast.

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THERE is a great field of usefulness for the HOMŒOPATH on this Coast. We are somewhat isolated from the medical world, and so we have to form a little medical world of our own. We can do good work by watching the manœuvres of our allopathic brethren in their endeavors to "regulate" the practice of medicine. There is a bill constantly before the legislature in this State, intended to give them full control of all medical matters in the State, and, sometime when we are napping, the bill will be railroaded through. The Committee on Legislation of the State Society should take "eternal vigilance is the price of liberty" for a motto.

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OREGON and Washington homœopaths will, if they have not already, probably be called upon to defend similar measures, for, as homœopathy advances, allopathy declines and, in its dying struggles—for allopathy is dying out—it seeks to put legislative stumbling blocks in the pathway of progress. In combating such the HOMŒOPATH will be ever ready to take a prominent place.



OUR COLLEGE deserves the attention of every physician on this Coast; no longer an experiment but a firmly established, fully equipped institution, with a large and growing Alumni, it is now able to compete with any Homœopathic College in our land. It is the duty of every Pacific Coast homœopathic physician to send a student—if he has one—to this College. The new announcement is just out and should be carefully read.

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THE STATE SOCIETIES of California and Oregon are in a most flourishing condition. There is enough good material in Washington to make a Washington State Homœopathic Medical Society, and it would not sound bad either. It would add one more state organization to the twenty-nine already listed in the transactions of the American Institute.

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LOCAL SOCIETIES should be formed and kept up. We have already two in this State. The Los Angeles Homœopathic Medical Society with twenty-eight members, and the Alameda County Society with seventeen members. There should be a San Francisco County Society, fully incorporated, which should hold monthly meetings. We have in this city some fifty or sixty physicians, and a society of this kind could not fail to do good. Here could be discussed all such questions as are of vital importance to the cause as well as scientific papers, which, with discussions thereon, could not fail to instruct and awaken enthusiasm. By all means let us have a San Francisco County Homœopathic Medical Society.

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WE HAVE, as yet, failed to receive any public hospital concessions on this Coast, and yet Hospitals and Insane Asylums are being built and carried on at the expense of the public, and homœopathic patrons, and physicians too, are paying taxes which go to the support of allopathic institutions. A movement should be started to compel the authorities to give homœopathy equal rights in our charity hospitals. We shall in a future number lay this more clearly before the profession.



WE reprint from the *Medical Advance* an article entitled "Who are the Regulars?" by S. E. Chapman, M. D., of Watsonville, and commend it to our readers. A hypothetical case of illness was submitted to twenty physicians of high medical repute, being for the most part professors in medical colleges. Ten of them were Homœopaths and ten were Allopaths. The ten Homœopaths, to a man, agreed in the prescription—*Lycopodium*—while the Allopaths not only did not agree in a single instance, but proved conclusively by their prescriptions that irregularity, especially in therapeutics, is one of their prominent characteristics. The following is a tolerably complete list of what was prescribed: *Cinchona*, gentian, hydrochloric acid, pepsin, bismuth, aloes, *podophyllum*, *ipêcac*, *nux vomica*, *hyoscyamus*, *colocynth*, salicin, quinine, lactopeptine, cinnamon water, strychnine, rhubarb, citrate of potash and phosphate of potash. Not only these, but two physicians in high repute prescribed such nostrums as "Lady Webster's dinner pills," and "Harrison's peristaltic lozenges." Had opium, mercury, "Lady Winslow's soothing syrup," and "Lydia Pinkham's 'acid smile'" been prescribed, we should have had the whole range of allopathic therapeutics in a nutshell. This article is right to the point, and we shall do all in our power to give it prominence.

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THE EPIDEMIC of influenza which is prevalent at the present time all over Europe, has showed itself in a few cases in some of our Eastern cities. Once firmly established there, it will be only a question of time before it reaches the Pacific Coast. The main symptoms appear to be a sharp febrile movement, with aching of the body, accompanied by violent coryza sneezing, profuse lachrymation, etc. The Homœopathic treatment will show its superiority in this, as in all affections, and undoubtedly if applied early, cut short the attacks. The allopaths are treating it by spraying the mucous membranes of the throat and nose with various solutions, an obviously faulty treatment, as the disease is not a local one, but one affecting the whole constitution, as is shown by the febrile symptoms and general malaise attendant upon it. The



Homœopathic remedies likely to be called for in the treatment of this affection will be: *Acon.*, *allium cepa*, *euphrasia*, *camphor*, *arsenic*, *mercurius*, *merc. cum. kali iod.*, *nitric acid*, and perhaps *sanguinaria nit.* These are the principal ones. However, we have a long list of remedies that may be called for by the concomitant symptoms.

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THIS may furnish a good opportunity to test the efficacy of epidemic remedies, for it is highly probable that the use of such will be found beneficial in an epidemic of this kind. The principal objection to the use of so-called epidemic remedies lies in the danger of getting into a routine, to illustrate: We were once acquainted with a former professor in a Homœopathic medical college who got it into his head that *Rhus* and *Bryonia* were the epidemic remedies at that time—in fact, as we learned later, they had been epidemic remedies with him for several years. Every case that presented itself to the Professor for treatment received either *Rhus.* or *Bry.* It mattered not whether the case was one of gonorrhœa, syphilis, phthisis, whooping cough or ankylosis, *Bry.* or *Rhus.* was always the prescription. We were present once when a patient applied for treatment, and the ingenuity displayed to elicit *Bry.* or *Rhus.* symptoms was quite astonishing. All the questions put to the patient were to this end, but we noticed that the answers made very little difference to the prescription. The intelligent use of epidemic remedies, however, cannot fail to be of great service to a physician.

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THE movement on foot, which is being carried out by Drs. Conrad Wesselhoeft, J. P. Sutherland, of Boston, and others, to critically analyze our provings is an important one. The *New England Medical Gazette* and the *North American Journal of Homœopathy* have recently contained exhaustive articles thereon, and the recent transactions of the Massachusetts Homœopathic Medical Society is largely devoted to the publication of some of these critical analyses. The method of these analyses appears highly satisfactory and enticing,



and we thought to have thereby a materia medica as near perfect as was possible, but, as pointed out by the interesting article of Dr. P. K. Guild in this number, there must be a screw loose somewhere when such a drug as cimicifuga racemosa has most of its female generative organ symptoms critically analyzed out of its pathogenesis. Dr. Guild's article is full of interest, and will be carefully read.

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## Personals.

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DR. R. HEIDRICH has removed to 703½ Hyde, corner of Post street.

VACAVILLE, CAL., is a promising field for a Homœopathic physician.

DR. R. B. WEST, of the class of '89, has located in Riverside, Cal., a fine field.

A NEW JOURNAL, *The College Argus*, has been started by the Cleveland Homœopathic College. It is to appear quarterly.

DR. JULIA F. BUTTON has returned to her old home and has opened an office at 626 Eighteenth street, Oakland. Hours 10 to 3.

DR. C. E. FISHER has returned to his native heath and will locate permanently in Dallas, Texas. Sorry to lose you, Doctor.

DR. BOERICKE is at present attending a course at the Polyclinic in New York. The Doctor will doubtless return full of medical lore.

THE Southern part of the State is well represented in this number. San Diego, Los Angeles and Santa Barbara, all furnish interesting and instructive articles.

THROUGH MRS. CHARLES ALEXANDER, \$500 was donated by the Mary Crocker trust to the building fund and free ward for sick and destitute children, of the Hahnemann Hospital of San Francisco.

A MUSICAL and Tea was given at Union Square Hall by Miss Carrie Eckel, on December 12, for the benefit of the building fund and free ward for sick and destitute children of the Hahemann Hospital. It was a decided success and reflects great credit upon its originator.

MR. JOSEPH WINTERBURN, our amiable printer, who, for the past seven years has looked smiling, even when we entered his establishment with fire in our eye, and concealed weapons about our clothes, searching for the man "who made that mistake," has forgiven us, and has presented the HOMŒOPATH with its newly engraved title. It is a great improvement, and our thanks are due to Mr. Winterburn for his thoughtfulness.



DR. C. B. CURRIER has recently been suffering from a severe attack of bronchitis, the result of overwork. We are happy to announce that he has so far recovered as to be able to attend to his large practice.

THE attention of our readers is called to the excellent review, by PROF. CURTIS, of a pamphlet upon nasal deformities. The Professor has had a large experience in this, as well as other branches of cosmetic surgery.

IT is the duty of every Homœopathic physician on the Pacific Coast to support the CALIFORNIA HOMŒOPATH, which is the only journal published west of the Rocky Mountains and is the organ of Homœopathy in this vast territory; it represents the interests of the cause, and should be liberally patronized. Send in your subscriptions early.

DR. R. H. CURTIS now occupies the entire chair of surgery in the Hahnemann Hospital College. DR. G. H. PALMER recently resigned his part of the chair, owing to press of outside work, which resignation the Board of Trustees reluctantly were compelled to accept. DR. CURTIS is one of our most popular college men, and is a fine teacher. He generously offered to share the Chair with Dr. C. E. FISHER, had the latter remained. We congratulate both the College and PROF. CURTIS.

DR. E. M. HALE—CACTACEÆ.—As a member of the Bureau of Materia Medica and Therapeutics, in the American Institute of Homœopathy, I have selected as the subject of my paper "The Pathogenetic and Therapeutic Properties of the *Cactaceæ*" The number of known *genera* in this *family* is eighteen, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic, and curative powers of any member of this important family before June 1, 1890.

Chicago, Ill., 65 22nd Street.

E. M. HALE, M. D.

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## Book Reviews.

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**The Cure of Crooked and Otherwise Deformed Noses.** By PROF. J. B. ROBERTS, Philadelphia, Pa.

I have carefully perused the little brochure by Prof. J. B. Roberts, of Philadelphia, which you sent to me for review. I found it very interesting, containing valuable suggestions as was to be expected from so eminent a surgeon. I was much pleased at the Catholic spirit displayed by the Doctor in his manly recognition of the work of Prof. S. B. Parsons, of St. Louis, whose little paper was published some years ago, I forget the date, in the St. Louis Periscope. This paper described some unique operations and gave some instructive suggestions which have materially aided me in my operations on the nose. The necessity of immediate surgical treatment



in cases of fracture of the nose is dwelt on by Dr. Roberts in his paper. The importance of this cannot be over estimated. The bones of the nose unite rapidly after fracture, so that if owing to the swelling, or disinclination of the patient to submit from fear of increased pain, even refusing to be anæsthetised, the surgeon desists in his attempts at immediate reduction he will find after the swelling subsides any effort in that direction to be unavailing. The resulting deformity will require an operation to correct it, to which the patient must submit, or bear, with what grace he may, its mortifying presence; perhaps at the same time bearing no small amount of ill will toward the surgeon for his timidity or apparent neglect. Frequently local and reflex conditions follow traumatic injuries which induce the patient to submit to an operation from necessity when the motive is not sufficient from a cosmetic standpoint. One valuable point by Dr. Roberts I have never noticed before in any article on surgery, is that oblique incisions through the skin of the nose or face heal with less scarring than those made perpendicularly to the surface, as the margins can be brought into closer apposition.

Many methods have been devised for correction of deviations of the septum, fracture by forceps, pressure by clamps, sections round or stellate by ingeniously devised punches, etc., but I know of none that can be considered as universally applicable.

My experience in operations on the nose has been limited to seventeen cases in all, including those made on the septum alone. Most cases have some special features, taxing the ingenuity of the surgeon, for each individual one.

In my operations on the septum, with some exceptions, I have in a general way, followed the method of Dr. Roberts, as described by him several years ago.

My method will be hard to understand without the aid of a diagram, but I shall endeavor to describe it as clearly as possible. In the first place, in deflection of the septum, whether congenital or traumatic, there is a redundancy of tissue, a fact first noticed by Dr. Ingalls of Chicago, some of which must be removed. Dr. Ingalls, if I recollect rightly, dissected up the mucous membrane of the septum, then removed a wedge-shaped piece of cartilage uniting the edges. I confess I am not quite clear as to his method in this. I dissect up the lower part of the mucous membrane if I can, then remove a semi-lunar section from the lower part of the cartilage—when the cartilage is straightened, it is crowded downward, filling the gap thus made. I next make three incisions through the cartilage and mucous membrane of the septum from the convex side; the first a short distance—about  $\frac{1}{8}$  inch—behind the junction of the upper lateral cartilages and nearly in the same line, beginning at a point above, near the junction of the bony septum, cutting downward and slightly backward to near the columna; the second incision parallel with the union of the vomer and cartilage, but a little above, commencing near ethmoidal septum, ending forward near the columna, the intervening cartilage is now bisected, from point where first incision began above, ending where the second incision ended below. I have found that with care—a finger in the other nostril as a guide—that these sections can be made without perforating the membrane of the opposite side. The steel pins can now be inserted, allowing the points to enter the columna on



the opposite side and carried up over the convexity of the cartilage, and buried in the tissues beyond, as Dr. Roberts once aptly described it, "like pinning a flower on a coat." Two or three pins may be used this way. The center of the cartilage is its thinnest point, yet sometimes it is sufficiently resilient to resist the pins; a diagonal or transverse cut through the most convex part will overcome this. One sometimes resulting condition I have never seen comments upon, is a disposition of the ala on the side of the convexity to fall in toward the septum after the operation for straightening, which I judge must be from lack of development or atrophy from non-use.

No one can overestimate the value of such a brochure as that of Dr. Roberts, supported as it is by so much practical experience.

Some admirable papers in the same line have been contributed from time to time by such men as Bosworth, Robinson, and Vander Poel, of New York; Steele, of St. Louis; Ingalls, of Chicago; and I would especially refer to an article on the correction of pug noses, by Dr. J. O. Roe, of Rochester, New York, and the before mentioned paper by S. B. Parsons, of St. Louis.

Yours sincerely,

R. H. CURTIS.

**Helmuth House Reports.** Third Series—September, 1888 to June 15, 1889—Illustrated.

This elegant brochure contains the report of the Helmuth House, a surgical home founded in New York City by Prof. William Tod. Helmuth. During the nine months reported there have been treated two hundred and sixty-two cases, with but eight deaths. The total number of surgical operations were one hundred and sixty-three, making the mortality three per cent. Can boasted Allopathic surgery make such a brilliant showing?

The report contains notices of the peculiar and interesting features of many of the cases treated and a most excellent chapter on the general treatment of wounds by W. T. Helmuth, Jr., M. D., in which attention is called to the danger of using chloroform in a room where illuminating gas is used. An interesting case of the removal of a large spindle called sarcoma of the spleen weighing nine and one-half pounds, from a child aged nineteen months is also reported being the third case ever reported. The report *in toto* is well worth perusal and demonstrates that Homœopathic surgery is as much in advance of Allopathic surgery as Homœopathic therapeutics are in advance of Allopathic therapeutics. D.

**Publications of the Massachusetts Homœopathic Medical Society, 1889.**

An interesting volume containing the report of the doings of our Massachusetts brethren during 1888. Many valuable papers therein amply repay perusal, nearly all the bureaux are represented. The report of the committee on drug provings is very full and interesting reading. The article "Milk as an Article of Diet for Children," by Dr. Leslie, is a most excellent one. His quotation from the CALIFORNIA HOMŒOPATH that "natural phosphorous" was good in ten grain doses for constipation of infants might do for Massachusetts children, but California children do better under *natrum phos.*, which was probably intended by the Doctor. Our thanks to the publishers for the interesting volume.



**Fifth Annual Report of the Westborough Insane Asylum, Westborough, Mass.**

This report shows what Homœopathy can do in the treatment of the insane, and is worth perusal. Michigan, Minnesota, New York and Massachusetts all have Homœopathic insane asylums, and the new one proposed for this State should be placed in Homœopathic hands.

[NOTE.—Owing to lack of space, several publications are laid over until our next.]

**PAMPHLETS RECEIVED.**

**Announcement of the Minneapolis Homœopathic Hospital.** Ninth year 1889-90.

**Analyses of Foods for Infants and Invalids.** A. R. Leeds, Ph. D.

**Liquefied Oxygen Monoxide.** S. S. White & Co., New York.

**Therapeutic Uses of Oxygen and Oxygen Monoxide.**

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## Selections.

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### WHO ARE THE REGULARS?

By S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

[Reprinted from the *Medical Advance* for December, 1889.]

**EDITOR ADVANCE:** The President of the American Institute, in his annual address in 1881, thus defines the term:

*"A Regular Physician—A graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."*

Webster defines the word "regular" as

*"Conformed to a rule; agreeable to an established rule, law or principle; to a prescribed mode, as a regular practice of law or medicine; governed by rule or rules; steady or uniform in course; not subject to unexplained or irrational variation; instituted or initiated according to established forms or discipline, as a regular physician."*

The old-school has for years arrogated unto itself the word "Regular," and I have been at considerable trouble, labor and expense to demonstrate the fact that such arrogation is the most absurdly ridiculous claim possible. In what are they regular? Certainly not in therapeutics, as this article will most clearly prove.



About two months since I sent to twenty physicians, ten of each school, a case. As far as possible teachers in their respective schools were chosen. I represented myself as a patient, and, after detailing the symptoms, subscribed the name of my father-in-law, Samuel Boyer. This is the case:

"DEAR DOCTOR: I am a great sufferer from indigestion, and apply to you for a prescription. My appetite is usually good, but a few mouthfuls cause a sense of fullness and repletion, as if I had really eaten a hearty meal. I cannot eat enough to keep me strong. There is more or less soreness in the region of the liver. Bowels usually constipated, with much flatulence of stomach and bowels. I don't know but my kidneys are badly affected, for I have soreness and aching in that region, and I pass a good deal of red sand in my urine. Naturally I am of a lively temperament, fond of society, but am now often low spirited. One thing about my case strikes me as being peculiar: I am always worse from 4 to 5 or from 8 to 9 o'clock P. M. This I have noticed for years, and it is not imagination. I am a married man; aged 42; fair complexion; weight, 135 pounds; height, 5 feet 6 inches; occupation, book-keeper.

"Please send prescription by return mail, and find within P. O. order for \$2.00. Very respectfully, SAMUEL BOYER. Box 26."

To the Homœopaths I was obliged to add in addition to the above the following in postscript:

"DOCTOR:—I am studying Homœopathy with a view to fitting myself for practice if my health permits. I am exceedingly anxious to know the name of the remedy indicated in my case. Will you be kind enough to tell me it? I shall be greatly disappointed if you do not comply with my request. What College would you recommend me to attend?"

The following are the names of the physicians to whom the above case was sent:

*Homœopathic.*

J. B. Bell, Boston.  
J. C. Sanders, Cleveland.  
J. T. Kent, Philadelphia.  
W. J. Hawkes, Chicago.  
J. W. Dowling, New York.  
W. L. Reed, St. Louis.  
A. McNeil, San Francisco.  
Sam'l Lilienthal, San Francisco.  
Wm. Boericke, San Francisco.  
C. E. Walton, Cincinnati.

*Allopathic.*

H. I. Bowditch, Boston.  
J. E. Darby, Cleveland.  
R. Bartholow, Philadelphia.  
Chas. T. Parks, Chicago.  
Austin Flint, New York.  
Isaac N. Love, St. Louis.  
W. R. Cluness, Sacramento.  
W. F. McNutt, San Francisco.  
S. O. L. Potter, San Francisco.  
J. T. Whitaker, Cincinnati.

To a suffering world I now submit the prescriptions which I received from these representative medical men; and I ask in the name of God and humanity, which is the REGULAR school? I will simply give the prescription of each, as



many of them wrote long, good letters, which would make too lengthy an article for publication.

## PRESCRIPTIONS.

## HOMŒOPATHIC.

J. B. Bell:

R. Lycopodium.

J. C. Sanders:

R. Lycopodium.

J. T. Kent:

R. Lycopodium.

W. J. Hawkes:

R. Lycopodium.

## ALLOPATHIC.

H. I. Bowditch:

R. Harrison's Peristaltic Lozenges.

Sig. One or two at bedtime.

J. E. Darby:

(1) R. Tr. Cinchona Co.

Tr. Gentian Co.....āā 3jss.

Ac. Hydrochlor. dil.

Syrup simp..... āā 3jv.

M. Sig. Teaspoonful half an hour before each meal in wineglassful of sweetened water.

(2) R. Pepsin..... 3ij.

Bismuth subnit..... 3iij.

M. ft. Chart. No. xxiv.

Sig. Take one after each meal. In case a gentle laxative were needed, I could use one of the following:

(4) R. Pulv. Glycyrrh. Co..... 3iij.

Sig. Take a teaspoonful at bedtime.

(4) R. Aloe socotrine..... 5j.

Podophyllin..... gr. x.

Ipecacuanha pulv ... gr. x.

Ext. Nux vom ..... gr. viij.

Ext. Hyoscyami..... gr. xv.

Ext. Colocynth. .... gr. xxx.

M. ft. pilulæ. No. xxx.

Sig. Take one pill at bedtime.

Roberts Bartholow:

Refused to prescribe without personal examination.

Chas. T. Parks:

R. Tr. Nux vom.

Ac. Muriatic. dil..... āā 3ij.

Tr. Cinchona Co ..... 3j.

Syrup aurantii ..... 3jss

M. Sig. Take a teaspoonful after meals.

R. Lady Webster's Dinner Pill.

Sig. Take one pill at bedtime until bowels are regulated.



## HOMŒOPATHIC.

J. W. Dowling:

R. Lycopodium.

W. L. Reed;

R. Lycopodium.

A. McNeil:

R. Lycopodium.

Samuel Lilienthal:

R. Lycopodium.

William Boericke:

R. Lycopodium.

C. E. Walton:

R. Lycopodium.

## ALLOPATHIC.

Austin Flint:

R. Salicin ..... ʒj.

Sig. 10 gr. before meals.

Isaac N. Love:

No answer.

W. R. Cluness:

R. Quin. sulph..... ʒj.

Aloin.....gr. ij.

Ext. Hyoscyamus.....q. s.

M. ft. pill. No. xxx.

Sig. Four every night at bedtime.

R. Lactopeptine ..... ʒiv.

Acid hydrochloric..... ʒj.

Syrup aurantii .. ... ʒj.

Aqua cinnamon, ad..... ʒiv.

Sig. Shake and take a teaspoonful  
before meals in water.

W. F. McNutt:

R. Strychnia sulph.....gr. j.

Quinine sulph..... ʒj.

Pil. Rhei Co.....gr. xv.

Podophyllin .....gr. j.

M. ft. pill. No. xxx.

Sig. One after each meal.

S. O. L. Potter:

R. Potassii cit. pulv..... ʒij.

Sig. A teaspoonful in a large glass  
of water before meals for a  
week.

R. Sodii phos. pulv. .... ʒij.

Sig. A teaspoonful in a large glass  
of water before meals for a  
week.

J. T. Whitaker:

R. Dilute hydrochl. ac..... ʒj.

Sig. 10 drops in water before meals.

I have treated each school with the utmost fairness, and if there be anything REGULAR in the above prescriptions, in which column do you find it? My friends, in the left-hand column is a prescription founded upon law, truth and science, and any Homœopath on earth, worthy of the name, would have sent the same prescription—Lycopodium. In the right hand column we have prescriptions no two of which are alike. Why this unanimity in one column and utter lack of it in the other?



## STATISTICS OF BREATHING.

In each respiration an adult inhales one pint of air.

A man respire sixteen to twenty times a minute, or twenty thousand times a day; a child twenty-five to thirty-five times a minute.

While standing, the adult respiration is twenty-two; while lying, thirteen.

The superficial surface of the lungs—*i. e.*, of their aveolar spaces—is two hundred square yards.

The amount of air inspired in twenty-four hours is ten thousand litres (about ten thousand quarts).

The amount of oxygen absorbed in twenty-four hours is five hundred litres (744 grammes), and the amount of carbonic acid expired in the same time, four hundred litres (911.5 grammes).

Two-thirds of the oxygen absorbed in twenty-four hours is absorbed during the night hours from 6 P. M. to 6 A. M.

Three-fifths of the total carbonic acid is thrown off in the day time.

The pulmonary surface gives off one hundred and fifty grammes of water daily in the state of vapour.

An adult must have at least three hundred and sixty litres of air an hour.

The heart sends through the lungs eight hundred litres of blood hourly, and twenty thousand litres, or five thousand gallons, daily. The duration of inspiration is five-twelfths, of expiration seven-twelfths, of the whole respiratory act; but during sleep inspiration occupies ten-twelfths of the respiratory period.

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**STERILIZING MILK.**—It is not necessary to invest in a sterilizing apparatus, as any housekeeper can arrange one equally efficient for herself. All that is necessary is to have some bottles capable of containing the milk to be used in a day; each large enough to contain what will be needed at one time. These bottles and their corks should be thoroughly cleansed by boiling in a strong solution of washing soda. The corks should be selected and of the best variety. When



the milk is brought to the house, it should be placed in these bottles, which should be arranged on a wire frame in a pot of water and boiled for fifteen minutes. They should then be corked securely and placed in the refrigerator with the ice *upon* them, not under them. In the country, they may be lowered into the well. Milk thus treated will not only keep sweet and fresh, but almost any impurity it may originally contain will be rendered innocuous. The flavor of boiled milk is unpleasant to many persons; but this may be remedied by the addition of a little coffee or cocoa. At any rate, one must not expect too much in this world; and for the sake of safety put up with the unpleasant taste, or learn to like it.

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## Clinical Items.

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*Scutellaria lat.* is well spoken of in evils arising from excessive cigarette smoking, weak heart action, etc.

*Rhus arom.* is a useful remedy in the cystitis and prostatitis of old men. If the bladder is weakened, its action is aided by ergot.

*Quebracho* in doses of ten or fifteen drops is said to be unparalleled as a remedy for the relief of dyspepsia from almost any cause.

*Magnes. phosph.* is the remedy for tonsilitis; worse right side; throat is very red and puffy; patient is chilly, tired, head aches and flushed.

*Magnesia phosph.* is a grand remedy for wind colic of cattle, meteorism of cows, cramps and wind colic in horses and other animals. Give it in warm water.

*Cypripedium pub.* is a good remedy in the headaches of elderly people and in many of the bad conditions incident on the change of life. It is a good nervine for old people.



*Ferrum phos. Urinary Symptoms.*—Frequent desire to urinate, with pain at the neck of the bladder and end of the penis; must urinate at once; not much annoyed at night or when lying, but worse the more he stands. These symptoms I have frequently confirmed.—*J. V. Allen.*

*Arnica* has been found useful in cardiac dropsy, accompanied by the inevitable and distressing dyspnœa. The lower extremities were enormously distended and œdematous and so sore that the touch of the finger caused severe pain; felt bruised and beaten.—*Dr. W. A. Wakeley.*

The bi-chloride of mercury, our well tried *Merc. Corr.* has finally been discovered by the Allopaths as a sovereign remedy for Dysentery. An Indian physician reports in the *London Lancet* several cases of dysentery cured by this remedy in small doses. Of course giving it out that it was his own wonderful discovery.

*Melilotus* promises to be of value in mental affections. Its symptoms show various delusions, such as that there is a devil in his stomach that contradicts all he says; also thinks that every one is looking at her; fears to talk loud as it would kill her, hence she talks in a whisper; the patient wants to run away and kill herself; is vicious.

PINEAPPLES IN THE TREATMENT OF CATARRHAL BRONCHITIS. Dr. Flascar recommends the juice of pineapples, (*bromelia ananas*, Lin.) as one of the best remedies to dissolve the mucus which obstructs the bronchial tubes. He has had remarkable success in cases of chronic bronchitis with insufficient expectoration and notable dyspnœa. He has never noticed any accidents following this treatment. The dose prescribed was from eight to ten tablespoonfuls during the first few days, after which the dose was diminished. The author recommends the preparation of the juice in the following manner: Cut the fruit in slices and place it in an earthen dish, which shall be closed after having covered the contents with sugar. This vase is covered with straw and placed in cold water, which is heated to the boiling point. It is then withdrawn, the juice allowed to cool, and poured into small bottles.—*Revue de Therapeutique.*